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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.				
PETITION FOR EXTENSION OF T	TIME UNDEF	R 37 CFR 1.136(a)	1	Number (Optional) 3.91649
OIPE	In re Application of Fritz Sieber, et al.			
SEP 2 5 2006	Application Number 10/701,870		Filed 11/5/2003	
	For METHOD OF MAKING, AND THE USE OF CYTOTOXIC			
	Art Unit	1643	Examiner Marsha Tsay	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):				
	One month (37 CFR 1.17(a)(1))			
✓ Two months (37 CFR 1.17(a)(2)) \$ 450.0				\$ <u>450.00</u>
☐ Three months (37 CFR 1.17(a)(3)) \$				
Four months (37 CFR 1.17(a)(4))				\$
Five months (37 CFR 1.17(a)(5))				\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$225.00  A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
<ul> <li>✓ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</li> <li>✓ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 17-0055</li> </ul>				
I have enclosed a duplicate copy of this sheet.  I am the applicant/inventor				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
☐ attorney or agent of record.  ☐ attorney or agent under 37 CFR 1.34(a).  47,907				
attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a) 47,897				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
September 19, 2006		300	) [	2
Date		Signa	ture	
414-277-5633		Zhibin Ren		
Telephone Number		Typed or pri	nted nam	ie
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of 1forms are submitted.				
		no will your depending upon the ne		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.